

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/088191

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				1
2		1					52		1				1
3		1					53		1				1
4		1					54		1				1
5		1					55		1				1
6		1					56		1				1
7		1					57		1				1
8		1					58		1				1
9		1					59		1				1
10		1					60		1				1
11	1						61	1					
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		1				
24	1						74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		1					78		1				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33		1					83	1					
34		1					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88	1					
39		1					89		1				
40		1					90		1				
41	1						91		3				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46		1					96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50		1					100		1				
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS	1					